STATE OF NEW HAMPSHIRE

2017 Statement of Income and Expenses for LOBBYISTS

RECEIVED

JUL 26 2017

NEW HAMPSHIRE DEPARTMENT OF STATE

(RSA Chapter 15) PLEASE PRINT

1. Name of Lobbyist(s) Cate Paolino						
II. Name of lobbyist's	partnership, fii	m or corporation, if a	ny:			
National Associat	on of Mutual	Insurance Compa	anies (NAMIC)			
(Name of partnership, firm or corporation)						
3601 Vincennes R	Road	Indianapolis	IN	46268		
Business Address: (Stre	•	(Town/City)	(State)	, , ,		
(Telephone))484	()	e-mail	bbying@aristotle.com		
(Telephone)		(Fax)				
III. This statement cov reportable expense tra				you may file a separate report for		
X! All reportable transa	actions occurring	in the months prior to	the reporting date relati	ive to the following client:		
National Ass	ociaton of M	utual Insurance C	ompanies (NAMI	C)		
	(Full Name of Cli	ent as it appears on the Lo	bbyist Registration Form)		
OR ☐ All reportable transa unrelated to any particu		byist (including the lob	byist's family), or the I	obbying firm listed below which are		
IV. Date of Report Reports cover: activity	April 26, 2017 y from date of reg	istration to 3/31/17	July 26, 2017 activity from 4/1/17 to			
a	October 25, 20 ctivity from 7/1/1		January 31, 20 activity from 10/1/17			
				since the last report. [] Office, State House, Room 204,		
VI. Check if additiona	l reports are at	tached:				
	-	xpenditures, you must f	ile Addendum A – Fee	s and Expenses		
If you have paid an honorarium or reimbursed expenses, you must file Addendum B —Report of Honorariums or Expense Reimbursement						
☐ If you, your firm, or	r your family ha	s made political contrib	utions, you must file A	ddendum C- Political Contributions		
and complete to the best (Signature of lobbyist)	A 15-B, RSA 14	I-C and RSA 664 and he ge and belief.	1	hat the foregoing information is true		
Cate Paolino (Print Name of lobbyis	t)					

STATE OF NEW HAMPSHIRE

Lobbyists Fees and Expenses Addendum A

(RSA Chapter 15:6)

I. Name of Lobbyist(s) Cate Paolino				
II. Name of lobbyist's partnership, firm or corporation, if any:				
National Associaton of Mutual Insurance Companies (NAMIC)				
(Name of partnership, firm or corporation)	<u> </u>			
III. Name of Client National Associaton of Mutual Insurance Companies (NAMIC) Date 07/24/2017				
IV. Fees Received Indicate the gross amount of all fees received from the client identified above to lobbying, including fees for services such as public advocacy, government including research, monitoring legislation, and related legal work. The greated by any expenses:	t relations, or public relations service oss fee amount reported shall not b			
a) Total of all fees received in this reporting period	a) S_\$3,076.80			
b) Total of all fees received this calendar year, prior to this reporting period (This should equal the total of all prior monthly reports for this calendar year).	ы \$ \$3,304.86			
c) Total of all fees received to date (Add lines a and b)	\$6,381.66 °)\$			
d) Indicate the amount of any such fees that are due, but have not yet been paid	d) \$			
V. Expenses: Lobbyist(s)/Lobbying partnerships, firms, or corporations are required to repfees. Separate reports are to be filed for expenditures made relative to each the lobbyist(s)/firm that are unrelated to any one client a separate report of the Expenses are to be reported in one of three categories of expenses: (a) the during the reporting period for salaries, benefits, support staff, and office exindividual expenses where the expenditure was of \$25.00 or less (for examp lunch where the cost was \$25.00 or less, purchase of a pen with a value of le being lobbied, purchase of a ceremonial object given to a person being lobbied (c) an itemized statement of each individual expenditure made during this report any purpose not covered by (a) (for example: purchase of a meal with value ceremonial object to be given to the subject of lobbying with a value greater restaurant expenses for a legislative reception). Expenses for honorariums contributions will be reported on separate addendums and should not be reported.	client and if expenditures are made be may be filed for the lobbyist(s)/firm e aggregate total of all expenses pai expenses; (b) the aggregate total of a le: meals purchased during a business st than \$10 that is given to the person ed with a value of \$25.00 or less); an orting period of greater than \$25.00 for the of greater than \$25, purchase of er than \$25, but not greater than \$50, expense reimbursement, or political			
a) Total aggregate expenses for this reporting period for salaries, benefits, support staff, and office expenses, related directly or indirectly to lobbying.	a) S \$245.78			
b) Total aggregate of expenditures during this reporting period, not reported in a), of \$25 or less.	b) \$ \\ \(\) \\$ \\ \(\) \\$ \\ \(\) \\$ \\ \(\) \\$ \\ \(\) \\$ \\ \(\) \			
c) Total of all itemized expenditures reported in detail in section VI.	c) \$ <u>\$245.78</u>			

d) Total expenses for this reporting period	d) \$
(Add lines a, b and c)	
e) Total of expenses paid this calendar year, prior to this reporting period	e) S \$304.98
(This should be the amount on line f of addendum A for last month's report)	
f) Total of all expenses year to date	\$550.76
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VI. Other Expenses:

Provide the following detail for all expenditures of more than \$25 made from lobbying fees during this reporting period, including by whom paid or to whom charged.

Paid to:	Amount:	
04/13/2017 Personal Car Mileage	_{\$_} \$117.70	
04/13/2017 : Parking/Tolls	\$ \$3.00	
04/13/2017: Snack @ Rest Area	§ \$5.00	
04/17/2017: NH Lobbying Report Mailing Costs	\$ \$23.75	
05/11/2017: Fuel	\$25.56	
05/11/2017 : Tolls	\$2.00	
05/11/2017: Snack @ Common Man Roadside	\$7.09	
05/11/2017: Rental Car - National Enterprise	\$61.68	

Sworn Statement/Affirmation by Lobbyist

I have read RSA 15, RSA 15-B and RSA 664 and hereby swear or affirm that the foregoing information is true and complete to the best of my knowledge and belief.

(Signature of lobbyist)

Cate Paolino

(Print Name of lobbyist)